Only

PAGE 1 / 15 =

FEC FORM 1		_	RGANIZ				C	office Use	Only		•
1. NAME OF COMMITTEE (ir	n full)		Check if name s changed)	Example: over the	If typing, type lines.	12FE		Milec Osc	Jiny		
Arizona De	mocr	atic Pa	ırty	1 1 1 1							
ADDRESS (number a	nd street)	PO Box 3	36123								
(Check if a is changed											
is changed	4)	Phoenix		1 1 1 1 1		AZ	85	067	-	l .	
		CI	ITY 🛦			STATE	<u> </u>		ZIP C	ODE <b></b>	
COMMITTEE'S E-MA	AIL ADDR	ESS									
(Check if a is changed		Darryl	@CommonCen	tsConsulting	g.net						
·		Optional   <b>Jerem</b>	Second E-Mail Adiie@Common(	ldress CentsCons	ulting.net	1 1 1 1	1 1 1	1 1	1 1	1 1	, , <u>l</u>
COMMITTEE'S WEB  (Check if a is changed)	address	www.AZI	•								
2. DATE 03		11 Y	2022								
3. FEC IDENTIFIC	CATION I	NUMBER <b>•</b>	C	00166710							
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMENDED (A)						
I certify that I have e	examined	this Stateme	ent and to the best	t of my knowl	edge and belief	it is true, co	rrect and	d comple	te.		
Type or Print Name	of Treasu	er McGuire	e, Rick, , ,								
Signature of Treasure	er <i>Mc</i> (	Guire, Rick, , ,		[Elect	ronically Filed]	Date	02	10	] ′ [	202	3
NOTE: Submission of	false, erro		omplete information					penaltie	s of 52	U.S.C	c. §30109
Office Use				Fede	urther information al Election Commis ree 800-424-9530			FEC (Revis	FOR		

Toll Free 800-424-9530

Local 202-694-1100

FEC	Form	1 (Revised 03/2022)	Page <b>2</b>
	TYPE C	OF COMMITTEE:	
(	Candid	late Committee:	
(	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name Candi		
	Candid Party	date Office Affiliation Sought: House Senate President	State AZ District
(	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		ne of didate	
-	Party (	Committee:	
(	(d) <b>x</b>	This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican,	
Ī	Politica	al Action Committee (PAC):	
(	e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock Labor Or	ganization
		Membership Organization Trade Association Cooperat	-
		In addition, this committee is a Lobbyist/Registrant PAC.	
(	f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(	g)	This committee is an independent expenditure-only political committee (Super PAC).	
	_	In addition, this committee is a Lobbyist/Registrant PAC.	
(	h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).
		In addition, this committee is a Lobbyist/Registrant PAC.	
-	Joint F		
(	i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(	j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
	1	C	
	_		

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		
	Arizona Demod	ratic Party	
6.	•	ganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	DNC Services Corpo	ration / Democratic National Committee	
	Mailing Address	Victory Fund	
	•	430 S Capitol Street, SE	
		[Washington]	DC   20003
		Washington	DC 20003
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative Leadership PAC Sponso
			_
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of th	ne person in possession of committee
	Tattria Dari	nd D	
	Tattrie, Dari	yı, ĸ, ,	
		2910 North Central Ave.	
	Mailing Address		
		Phoenix	AZ   85012
		OITV A	71D 00DE A
	Title or Position ▼	CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Consultant		602  _  298  _  4200
	Consultant	Telephone numbe	er 002 – 230 – 4200
8.	<b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the cossistant treasurer).	ommittee; and the name and address of
	Full Name McGuire, R	ck, , ,	
	of Treasurer		
	Mailing Address	2910 North Central Ave.	
		1	
		Phoenix	AZ   85012
	Till D "	CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone numbe	er 602 - 298 - 4200

ļ	FEC Form 1	(Revised 02/2009)		Page <b>4</b>
	Name of gnated nt	Kennedy, Judy, , ,		
	ng Address	2910 North Central Ave.		
		Phoenix	, AZ	85012
		CITY A	STATE A	ZIP CODE A
Title	or Position		01/112 =	211 0002 =
Ass	istant Treasur	er Telephone i	number	602 - 298 - 4200
		Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits	s funds, holds accounts, rents
Name	e of Bank, D	epository, etc.		
		Wells Fargo, NA		
Mailir	ng Address	PO Box 63020		
		San Francisco	CA	94163
		CITY ▲	STATE ▲	ZIP CODE ▲
Name	e of Bank, D	epository, etc.		
		Amalgamated Bank		
Mailir	ng Address	275 Seventh Ave		
		New York	L NY	10011
		CITY ▲	STATE ▲	ZIP CODE ▲

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_5 **of** \_15\_\_

h). Joint Fundraisir	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Democratic Grass	sroots Victory Fund		
	430 South Capitol Street SE		
Mailing Address	430 South Capitor Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee July Join by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	by name, address (phone number – optional)		
esignated Agent: Identif	by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)  CITY		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing deposit boxes or mailing and the second second second and the second s	ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailing and the control of Bank, Central	ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc	ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailing and the control of Bank, Central	ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc	ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r			FFC II	number	C
1.			_	number	C
2.			_		
3.			_	) number	С
4.			FEC II	) number	C
		ed Committee, Joint F	undraising Rep	oresentativ	e, or Leadership PAC Spon
MARK KELLY VI	CTORY FUND				
Mailing Address	3104 E CAMELBACI	K RD			
	#924				
	PHOENIX			AZ	85016
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connecte	d Organization Affi	iliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC S
esignated Agent: Identif				g Represent	ative Leadership PAC S
esignated Agent: Identif				g Representa	Leadership PAC S
esignated Agent: Identif				g Representa	Leadership PAC S
esignated Agent: Identif				g Representa	Leadership PAC S
esignated Agent: Identif	by name, address (ph	hone number – optiona	al)		
esignated Agent: Identif	by name, address (ph	hone number – optiona	al)	Representation of the second o	
esignated Agent: Identif  Full Name  Mailing Address	by name, address (ph	hone number – optiona	al)	STATE A	
esignated Agent: Identif  Full Name	ries: List all banks or o	hone number – optiona	Telephone N	STATE A	
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	ries: List all banks or o	hone number – optiona	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the companion of Bank,	ries: List all banks or o	hone number – optiona	Telephone N	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the second process of the sec	ries: List all banks or o	hone number – optiona	Telephone N	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	1	FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
BATTLEGROUN			
   , , , , , , , , ,			
	I PO BOX 9		
Mailing Address			
	LEXINGTON	KY KY	40588
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Affiliated Committee	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisin</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
STANTON VICTO	PRY FUND		
Mailing Address	910 17TH STREET, NW		
	SUITE 925		
	WASHINGTON	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund DEMOCRATS	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	430 SOUTH CAPITOL, NE		
	SUITE 300		<u>                                     </u>
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spc
Designated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		t Fundraising Representa	Leadership PAC Spc
Pesignated Agent: Identif		t Fundraising Representa	Leadership PAC Spc
Pesignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
Pesignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION  Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc.  Mailing Address	ries: List all banks o		Telephone Number	ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks o			ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks o			ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks o			ts funds, holds accounts, rents
Banks or Other Deposito	ries: List all banks o			ts funds, holds accounts, rents
TITLE OR POSITION	<b>V</b>		Telephone Number	
TITLE OR POSITION	▼			
		CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address (	(phone number – optional)		
Connected	d Organization	Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
	WASHINGTON		DC	20003
Mailing Address	000 FEINISTEVAL	NIA AVE 3E #13100		
	600 PENNSVI VA	NIA AVE SE #15180		
Name of Any Connected BATTLEGROUNI	=	ated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Sponso
4			FEC ID number	C
1			FEC ID number	C
3.			FEC ID number	C
				C

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	.g . apa		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
FRIENDS OF ST	TATE DEMOCRATIC PARTIES		
Martin Adding	114 BEAUCHAMP LANE		
Mailing Address			
	LAFAVETTE		70506
	LAFAYETTE	LA L	70506
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint  fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	•		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
O HALLERAN VI	CTORY FUND 2022		
Mailing Address	PO BOX 313		
	MARICOPA	AZ	85139
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC S
Connecte		Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identif	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee Joint by pame, address (phone number – optional)	Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee  y Joint  y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Joint  Affiliated Committee  Joint  To CITY  Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Joint  Affiliated Committee  Joint  To CITY  Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ig Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GRANITE CANY	ON COMMITTEE		
Mailian Addus a	600 PENNSYLVANIA AVE SE		
Mailing Address	ı #15180		
			20002
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	by by name, address (phone number – optional)  CITY   T	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Depositor	cy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Line

1			1-1
ories: List all banks or other depositorical aintains funds.	s in which the committee	deposits funds,	holds accounts, rents
	·		
	Telephone Numb	oer	
CITY A	STA	L TE ▲	ZIP CODE ▲
			1 1
y by name, address (phone number -	optional)		
d Organization Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Spor
CITY ▲	ST	ΓΑΤΕ ▲	ZIP CODE ▲
TUCSON		AZ 857	717 
PO BOX 40721	<u> </u>		
Organization, Affiliated Committee, CL VICTORY FUND	Joint Fundraising Repres	entative, or Lea	dership PAC Sponso
	Organization, Affiliated Committee, CL VICTORY FUND  PO BOX 40721  TUCSON  CITY   Affiliated Committee  Ty by name, address (phone number –	FEC ID nu  FEC ID nu	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea L VICTORY FUND  PO BOX 40721  TUCSON  CITY A STATE A  d Organization Affiliated Committee Joint Fundraising Representative  y by name, address (phone number – optional)  CITY A STATE A  Telephone Number — options in which the committee deposits funds,

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected JEVIN HODGE	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponsor
	/ICTORT FUND		
Mailing Address	PO BOX 4981		
	SCOTTSDALE	, , AZ ,	, 85261
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		pint Fundraising Represent	
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY		ZIP CODE A
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  ories: List all banks or other depositories in whi	STATE ▲ Telephone Number	
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  ories: List all banks or other depositories in whi	STATE ▲ Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not not be safety.	CITY ▲  ories: List all banks or other depositories in whi	STATE ▲ Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not not be provided by the safety deposit boxes or not be provided by the safety deposit by the safet	CITY ▲  ories: List all banks or other depositories in whi	STATE ▲ Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not not be provided by the safety deposit boxes or not be provided by the safety deposit by the safet	CITY ▲  ories: List all banks or other depositories in whi	STATE ▲ Telephone Number	